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CONFIRMATION NO. 1802

<b>SERIAL NUMBER</b> 09/873,403	<b>FILING OR 371(c) DATE</b> 06/04/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> 8449-178-999	
<b>APPLICANTS</b> Pramod K. Srivastava, Avon, CT; ROBERT J. BINDER, FARMINGTON, CT;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/16/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 17
<b>ADDRESS</b> 20583					
<b>TITLE</b> COMPLEXES OF ALPHA (2) MACROGLOBULIN AND ANTIGENIC MOLECULES FOR IMMUNOTHERAPY					
<b>FILING FEE RECEIVED</b> 1799	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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